

RUSSELL COUNTY GOVERNMENT
Division of Occupational Tax Collection
NET PROFITS LICENSE FEE RETURN

Name and Address of Business <div style="text-align: center; margin-top: 20px;">PLACE LABEL HERE</div>	FISCAL YEAR ENDED		
	MO.	DAY	YR.
FED ID# OR S.S. #			

SECTION A

ANSWER COMPLETELY:

1. Check Which: ☐ Corporation ☐ S. Corporation
 ☐ Partnership ☐ Individual ☐ Fiduciary
 ☐ Other _____

2. Nature of Business _____

3. Did you have employees in Russell County? ☐ Yes ☐ No

4. Date business started in Russell County? _____

5. If organization was discontinued, state when _____

6. State Successor (Name & Address) _____

7. List additional business operated subject to Russell County License Fee: _____

Check applicable: ☐ No Activity, or ☐ Final Return

SECTION B

1. NET INCOME (per attached form _____)
2. If SECTION D (line #1) is used, enter here PERCENTAGE _____
3. NET PROFITS subject to LICENSE FEE (line #1 x line #2) _____
4. Natural Persons 65 years or older DEDUCT \$2,000.00 _____
5. Adjusted Net Profits (line #3, less line #4) _____
6. RUSSELL COUNTY LICENSE FEE (line #5 x 1.00%) _____
7. CREDITS: a. Estimated Payments _____
8. Balance (line #6, less line #7) _____
9. Penalty: 10% x line #8 _____
10. Interest: 8% per annum _____
11. Balance (line #8 + line #9 + line #10) _____
12. Total Due from SECTION C (line #3, enter zero if N/A) _____
13. TOTAL BALANCE DUE (line #11 + line #12) _____
14. If ESTIMATE overpaid indicate: ☐ REFUND, or ☐ CREDIT _____

(DO NOT WRITE IN THIS SPACE)

Make check Payable To: Tax Administrator
Mail To: Tax Administrator
P.O. Box 7
Jamestown, KY 42629

SECTION C

AGRICULTURAL EMPLOYEES WITHHOLDINGS

1. Number of employees: _____

2. Total salaries, wages, commissions, other compensation _____

3. TAX DUE (line #2 x 1.00%), ENTER ON LINE #12 _____

SECTION D

BUSINESS ALLOCATION PERCENTAGE: Divide Col. A by Col. B to obtain decimal.

FACTOR	Russell County COL. A	Total COL. B	Percentage COL. C
Net Income			

I hereby certify that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.

TAXPAYER SIGNATURE: _____

DATE: _____

PREPAYER SIGNATURE: _____

DATE: _____

This return must be filed and paid in full on or before April 15, or within 105 days after the close of the fiscal year, sale, liquidation, or transfer.